

<i>SERFF Tracking Number:</i>	<i>AGNY-125809577</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-WC-12</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Alternate Employer Endorsement (No Employers Liability Coverage) 102000400</i>		
<i>Project Name/Number:</i>	<i>Alternate Employer Endorsement (No Employers Liability Coverage) /AIC-08-WC-12</i>		

## Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Alternate Employer Endorsement (No Employers Liability Coverage) 102000400	SERFF Tr Num: AGNY-125809577	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AIC-08-WC-12	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Joseph Russo, Nicole Todini, Walter Murphy	Disposition Date: 09/11/2008
	Date Submitted: 09/11/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 09/11/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Alternate Employer Endorsement (No Employers Liability Coverage)	Status of Filing in Domicile: Pending
Project Number: AIC-08-WC-12	Domicile Status Comments: This filing is being made simultaneously in all states.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/11/2008	
State Status Changed: 09/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

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#### Filing Description:

The referenced companies submit for your review and approval their Alternate Employer Endorsement (No Employers Liability Coverage) - Form No. WC 99 00 52. This endorsement is used when an insured has agreed to provide insurance against workers compensation claims made, under Part One only, by employees of the insured while in the course of special or temporary employment by an alternate employer named in the Schedule of the endorsement.

## Company and Contact

#### Filing Contact Information

Joseph Russo, Assistant Manager	Joe.Russo@AIG.com
175 Water Street	(212) 458-7072 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

#### Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	
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American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	
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AIG Casualty Company	CoCode: 19402	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-1118791	
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Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	
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Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

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National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-0687550	

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New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

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The Insurance Company of the State of Pennsylvania	CoCode: 19429	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5540698	

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SERFF Tracking Number: AGNY-125809577 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-WC-12

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Alternate Employer Endorsement (No Employers Liability Coverage) 102000400

Project Name/Number: Alternate Employer Endorsement (No Employers Liability Coverage) /AIC-08-WC-12

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 Form Filing X \$50 = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	09/11/2008	22425949
American International South Insurance Company	\$0.00	09/11/2008	
AIG Casualty Company	\$0.00	09/11/2008	
Commerce and Industry Insurance Company	\$0.00	09/11/2008	
Granite State Insurance Company	\$0.00	09/11/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	09/11/2008	
New Hampshire Insurance Company	\$0.00	09/11/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	09/11/2008	

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/11/2008	09/11/2008

SERFF Tracking Number: AGNY-125809577 State: Arkansas  
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## Disposition

Disposition Date: 09/11/2008  
Effective Date (New): 09/11/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Company Tracking Number:</i>	<i>AIC-08-WC-12</i>		
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Alternate Employer Endorsement (No Employers Liability Coverage)	Approved	Yes

SERFF Tracking Number: AGNY-125809577 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-WC-12

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Alternate Employer Endorsement (No Employers Liability Coverage) 102000400

Project Name/Number: Alternate Employer Endorsement (No Employers Liability Coverage) /AIC-08-WC-12

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Alternate Employer Endorsement (No Employers Liability Coverage)	WC990052		Endorsement/Amendment/Conditions	New	0.00	WC 99 00 52 Alternate Employer Endorsement (No Employers Liability Coverage).pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY.**

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M. forms a part of Policy

No. issued to by

**ALTERNATE EMPLOYER ENDORSEMENT  
[NO EMPLOYERS LIABILITY COVERAGE]**

*This endorsement modifies insurance provided under the following:*

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Part One and our right to inspect under Part Six.

**SCHEDULE**

- |  |                |
|--|----------------|
| <b>1. Alternate Employer</b>                       | <b>Address</b> |
| <b>2. State of Special or Temporary Employment</b> |                |
| <b>3. Contract or Project</b>                      |                |

WC 99 00 52

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<i>SERFF Tracking Number:</i>	<i>AGNY-125809577</i>	<i>State:</i>	<i>Arkansas</i>
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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125809577 State: Arkansas  
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-WC-12  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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## Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	09/11/2008

### Comments:

### Attachments:

AR\_PCTD-1.pdf  
PCTD\_Form Schedule.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State#
AIG Casualty Company	PA	19402	25-1118791	
American Home Assurance Company	NY	19380	13-5124990	
American International South	PA	40258	02-6008643	
Commerce and Industry Insurance Company	NY	19410	13-1938623	
Granite State Insurance Company	PA	23809	02-0140690	
The Insurance Co. of the State of Pennsylvania	PA	19429	13-5540698	
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550	
New Hampshire Insurance Company	PA	23841	02-0172170	

<b>5. Company Tracking Number</b>	<b>AIC-08-WC-12</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Nicole Todini 175 Water St., 17 <sup>th</sup> Floor New York, NY 10038	Manager, State Filings	212-458-6070	212-458-6070	nicole.todini@aig.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Nicole Todini

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0000 Workers' Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard Workers' Compensation
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A

<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AIC-08-WC-12
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The companies referenced in #4 above, submit for their Alternate Employer Endorsement (No Employers Liability Coverage) - Form No. WC 99 00 52. This endorsement is used when an insured has agreed to provide insurance against workers compensation claims made (under Part One only) while in the course of special or temporary employment by an alternate employer named in the Schedule of the endorsement.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> Payment issued via EFT through SERFF.  <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AIC-08-WC-12</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Alternate Employer Endorsement (No Employers Liability Coverage)	WC 99 00 52	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		